SAUK COUNTY HEALTH CARE CENTER

S4555 HI GHWAY CH

REEDSBURG 53959 Phone: (608) 524-4371 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? Yes 110 Total Licensed Bed Capacity (12/31/01): 153 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 105 100 *********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	37. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 9	Under 65	2.9	More Than 4 Years	28. 6
Day Services	No	Mental Illness (Org./Psy)	45. 7	65 - 74	12. 4		
Respite Care	No	Mental Illness (Other)	4.8	75 - 84	35. 2	ľ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.0	85 - 94	42. 9	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	6. 7	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 9	·		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 9		100.0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	5. 7	65 & 0ver	97. 1		
Transportation	No	Cerebrovascul ar	15. 2			RNs	9. 5
Referral Service	No	Di abetes	5. 7	Sex	%	LPNs	10. 4
Other Services	No	Respi ratory	5. 7			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	8. 6	Male	32.4	Aides, & Orderlies	49. 5
Mentally Ill	No			Femal e	67. 6		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	20. 0	331	1	1. 3	114	0	0. 0	0	1	4. 8	132	0	0. 0	0	0	0.0	0	3	2. 9
Skilled Care	4	80.0	331	76	96. 2	97	0	0.0	0	20	95. 2	125	0	0.0	0	0	0.0	0	100	95. 2
Intermediate				1	1. 3	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 3	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		79	100.0		0	0.0		21	100.0		0	0.0		0	0.0		105	100. 0

County: Sauk SAUK COUNTY HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	l						
· ·		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	3.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	12. 1	Bathi ng	1.0		85. 7	13. 3	105
Other Nursing Homes	5. 1	Dressing	10. 5		78. 1	11. 4	105
Acute Care Hospitals	75.8	Transferring	22. 9		53. 3	23. 8	105
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	25. 7		50. 5	23. 8	105
Rehabilitation Hospitals	0.0	Eating	56. 2		29. 5	14. 3	105
Other Locations	4.0	**************	**********	******	******	*********	******
Total Number of Admissions	99	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	2. 9	Receiving F	Respi ratory Care	8. 6
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	48. 6	Receiving 7	Tracheostomy Care	1. 9
Private Home/With Home Health	43. 2	Occ/Freq. Incontinent	of Bowel	22. 9	Receiving S	Sucti oni ng	1. 9
Other Nursing Homes	6. 3	<u>-</u>			Receiving (Ostomy Care	6. 7
Acute Care Hospitals	7.4	Mobility			Receiving 7	Tube Feedi ng	4. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	2. 9	Receiving M	Mechanically Altered Diets	17. 1
Rehabilitation Hospitals	0.0				_	·	
Other Locations	4. 2	Skin Care			Other Resider	nt Characteristics	
Deaths	38. 9	With Pressure Sores		2. 9	Have Advance	ce Directives	76. 2
Total Number of Discharges		With Rashes		9. 5	Medi cati ons		
(Including Deaths)	95				Receiving I	Psychoactive Drugs	57. 1
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	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s			100	- 199	Ski	lled	Al I	-
	Facility			Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	64. 8	84. 8	0. 76	84. 1	0. 77	85. 8	0. 76	84. 6	0. 77
Current Residents from In-County	83. 8	58. 7	1. 43	79. 3	1. 06	69. 4	1. 21	77. 0	1. 09
Admissions from In-County, Still Residing	28. 3	27.8	1. 02	25. 5	1. 11	23. 1	1. 22	20. 8	1. 36
Admissions/Average Daily Census	99. 0	58. 7	1. 69	110. 2	0. 90	105. 6	0. 94	128. 9	0. 77
Discharges/Average Daily Census	95. 0	61.8	1. 54	110.6	0. 86	105. 9	0. 90	130. 0	0. 73
Discharges To Private Residence/Average Daily Census	41.0	18. 7	2. 20	41. 2	1.00	38. 5	1.06	52. 8	0. 78
Residents Receiving Skilled Care	98. 1	84. 8	1. 16	93. 8	1.05	89. 9	1. 09	85. 3	1. 15
Residents Aged 65 and Older	97. 1	87. 6	1. 11	94. 1	1. 03	93. 3	1.04	87. 5	1. 11
Title 19 (Medicaid) Funded Residents	75. 2	79.8	0. 94	66. 9	1. 13	69. 9	1.08	68. 7	1. 10
Private Pay Funded Residents	20. 0	16. 3	1. 23	23. 1	0.86	22. 2	0. 90	22. 0	0. 91
Developmentally Disabled Residents	2. 9	0.8	3. 58	0. 6	4. 43	0.8	3. 81	7. 6	0. 38
Mentally Ill Residents	50. 5	50.0	1. 01	38. 7	1. 30	38. 5	1.31	33. 8	1. 49
General Medical Service Residents	8. 6	17.8	0. 48	21.8	0. 39	21. 2	0.40	19. 4	0. 44
Impaired ADL (Mean)	47. 2	43. 4	1.09	48. 4	0. 98	46. 4	1.02	49. 3	0. 96
Psychological Problems	57. 1	61. 6	0. 93	51. 9	1. 10	52. 6	1. 09	51. 9	1. 10
Nursing Care Required (Mean)	6. 7	8. 4	0. 79	7. 5	0. 89	7.4	0. 90	7. 3	0. 91